Ups and Down Quick Report

Name:	
Section:	
Telephone#:	
Title:	
Please list three	things that you or your section did well during the exercise period.
1. —	
2. —	
3. —	
_	
Please list three things that you feel that you or your section could have improved upon.	
1	
2.	
3.	

Collection Instructions: Participants are to deliver completed forms to an evaluator or controller.